



Missouri Department of Corrections
Board of Probation and Parole
BOARD ACTION SHEET

Tape:

Number:

Offender Name		Doc Number	
Hearing/Review Date	Salient Factor Score	Class	Making Good Faith Effort <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO FAULT
Minimum Eligibility	Minimum Mandatory Prison Term Date	MoSOP Required <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Education <input checked="" type="checkbox"/> E-1
Guideline Date	Guideline Range From -- To:	SACA <input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5	MoSOP Completed <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

The Board Herein Inscribe Its Findings and Commentary as a Matter of Permanent Record to be Executed as Directed by the Following Order and Decision.

Hearing Panel Comments

Decision and Remarks/Initial Member:

Decision and Remarks/Analyst:

Decision and Remarks/Hearing Officer:

Decision and Remarks/Member 2:

Decision and Remarks/Member 3:

Decision and Remarks/Member 4:

Decision and Remarks/Member 5:

Decision and Remarks/Member 6:

Decision and Remarks/Member 7:

FINAL DECISION

☐ Appealable ☐ Non-Appealable

TYPE OF REVIEW

- ☐ Parole Consideration
☐ Extension
☐ Revocation ☐ File Review
☐ Parole Violation
☐ Hearing Waiver File Review

TYPE OF REFERRAL

- ☐ Full ☐ PV ☐ Majority
☐ One Board Member ☐ Analyst
☐ Final Decision At Hearing

TYPE OF DECISION

- ☐ Guideline ☐ Below ☐ Above
☐ Guidelines Non-Applicable

PROGRAM ACHIEVEMENT

- ☐ Rehabilitative Efforts Noted
☐ Educational ☐ Vocational
☐ Industrial ☐ Counseling
☐ Treatment ☐ MoSOP
☐ Good/Improved Conduct
☐ Restorative Justice Efforts
☐ Mentor/Program Facilitator
☐ Work Release
☐ Other

ACTION TAKEN

☐ NO CHANGE

PAROLE CONSIDERATION

- ☐ Parole ☐ Deny/Re-hear
☐ Maximum
☐ Conditional Release
☐ Extension
☐ Rescinded

MEDICAL

- ☐ Grant ☐ Deny
☐ Not Eligible

PRESUMPTIVE RELEASE DATE

- ☐ Advanced ☐ Extended ☐ Cancelled

PAROLE VIOLATION:

- ☐ Revoke ☐ Continue ☐ Delay Action

REVOCATION HEARING/WAIVER

- ☐ Revoked ☐ Continued ☐ Delay Action

Check box on back if Revoke

ABSCOND TIME

- ☐ Waived _____ Days
☐ Added _____ Days

HEARINGS

- ☐ Scheduled ☐ Cancelled ☐ Rescheduled

APPEAL

- ☐ Deny ☐ Sustain ☐ Sustain in Part

GOOD TIME CREDIT

- ☐ Grant ☐ Deny

CHANGES/ADDITIONAL INFORMATION

- ☐ Change Special Conditions/Strategies
☐ Change In Sentence Structure
☐ New Sentence Added
☐ Refer For Psychiatric Evaluation
☐ Other
☐ DETAINER:

SPECIAL CONDITIONS

☐ Other ☐ None

EDUCATION

☐ Obtain HSE

SUBSTANCE ABUSE

- ☐ No Drinking ☐ Program
☐ Ignit. Interlk ☐ No Driving

MENTAL HEALTH

- ☐ Program ☐ Take Meds as Prescribed

SEX OFFENDER

- ☐ Evaluation ☐ Program

NO CONTACT AND HOME RESTRICTIONS

- ☐ Victim(s) ☐ Victim's Family
☐ No Unsupervised Contact With Minor(s)
☐ No Residence With Minor(s)
☐ Others

ANGER MANAGEMENT

- ☐ Domestic Violence ☐ Anger Management
☐ Parenting Program

MONEY MANAGEMENT

- ☐ Pay Court Ordered Restitution
☐ No Checking Acct or Credit Device
☐ Pay Court Ordered Child Support
☐ Money Management ☐ No Gambling

PRE-RELEASE STRATEGIES

- ☐ TREATMENT PLACEMENT ☐ None
☐ OUT ☐ Project Connect ☐ BD MoSOP
☐ SAEF ☐ INTF ☐ TVP
☐ Refer Back To MoSOP
☐ Other

RELEASE STRATEGIES

- ☐ None ☐ ISP
☐ Residential Placement (CRC or RF)
☐ EMP ☐ Int.State
☐ Other

MO9321-0018 (9-08)

EXHIBIT

AGO0000060



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Board of Probation and Parole
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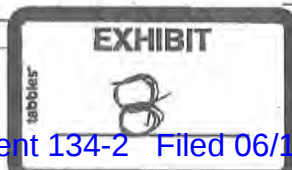
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Decision and Remarks/Member 2:	Decision and Remarks/Member 3:	Decision and Remarks/Member 4:
Decision and Remarks/Member 5:	Decision and Remarks/Member 6:	Decision and Remarks/Member 7:

FINAL DECISION <input type="checkbox"/> Appealable <input type="checkbox"/> Non-Appealable	ACTION TAKEN <input type="checkbox"/> NO CHANGE PAROLE CONSIDERATION <input type="checkbox"/> Parole <input type="checkbox"/> Deny/Re-hear <input type="checkbox"/> Maximum <input type="checkbox"/> Conditional Release <input type="checkbox"/> Extension <input type="checkbox"/> Rescinded MEDICAL <input type="checkbox"/> Grant <input type="checkbox"/> Deny <input type="checkbox"/> Not Eligible PRESUMPTIVE RELEASE DATE <input type="checkbox"/> Advanced <input type="checkbox"/> Extended <input type="checkbox"/> Cancelled PAROLE VIOLATION: <input type="checkbox"/> Revoke <input type="checkbox"/> Continue <input type="checkbox"/> Delay Action REVOCATION HEARING/WAIVER <input type="checkbox"/> Revoked <input type="checkbox"/> Continued <input type="checkbox"/> Delay Action Check box on back if Revoke ABSCOND TIME <input type="checkbox"/> Waived _____ Days <input type="checkbox"/> Added _____ Days HEARINGS <input type="checkbox"/> Scheduled <input type="checkbox"/> Cancelled <input type="checkbox"/> Rescheduled APPEAL <input type="checkbox"/> Deny <input type="checkbox"/> Sustain <input type="checkbox"/> Sustain in Part GOOD TIME CREDIT <input type="checkbox"/> Grant <input type="checkbox"/> Deny CHANGES/ADDITIONAL INFORMATION <input type="checkbox"/> Change Special Conditions/Strategies <input type="checkbox"/> Change In Sentence Structure <input type="checkbox"/> New Sentence Added <input type="checkbox"/> Refer For Psychiatric Evaluation <input type="checkbox"/> Other _____ <input type="checkbox"/> DETAINER:	SPECIAL CONDITIONS <input type="checkbox"/> None <input type="checkbox"/> Other _____ EDUCATION <input type="checkbox"/> Obtain HSE SUBSTANCE ABUSE <input type="checkbox"/> No Drinking <input type="checkbox"/> Program <input type="checkbox"/> Ignit. Interlk <input type="checkbox"/> No Driving MENTAL HEALTH <input type="checkbox"/> Program <input type="checkbox"/> Take Meds as Prescribed SEX OFFENDER <input type="checkbox"/> Evaluation <input type="checkbox"/> Program NO CONTACT AND HOME RESTRICTIONS <input type="checkbox"/> Victim(s) <input type="checkbox"/> Victim's Family <input type="checkbox"/> No Unsupervised Contact With Minor(s) <input type="checkbox"/> No Residence With Minor(s) <input type="checkbox"/> Others _____ ANGER MANAGEMENT <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Anger Management <input type="checkbox"/> Parenting Program MONEY MANAGEMENT <input type="checkbox"/> Pay Court Ordered Restitution <input type="checkbox"/> No Checking Acct or Credit Device <input type="checkbox"/> Pay Court Ordered Child Support <input type="checkbox"/> Money Management <input type="checkbox"/> No Gambling PRE-RELEASE STRATEGIES <input type="checkbox"/> None TREATMENT PLACEMENT <input type="checkbox"/> OUT <input type="checkbox"/> Project Connect <input type="checkbox"/> BD MoSOP <input type="checkbox"/> SAEF <input type="checkbox"/> INTP <input type="checkbox"/> TVP <input type="checkbox"/> Refer Back To MoSOP _____ <input type="checkbox"/> Other _____ RELEASE STRATEGIES <input type="checkbox"/> None <input type="checkbox"/> ISP <input type="checkbox"/> Residential Placement (CRK or RP) <input type="checkbox"/> EMP <input type="checkbox"/> Int.State _____ <input type="checkbox"/> Other _____
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MD932-0016(9-08)



AGO0000060

OPPOSING:☐ Present for Hearing☐ Made statement. Left prior to hearing.**REPRESENTING:**

Reasons for decision above guidelines, for extension of the presumptive release date and for offenders for which a presumptive release date has not been set.

1. Release at this time would depreciate the seriousness of the present offense based on:

- ☐ A. Circumstances surrounding the present offense.
- ☐ B. Relatively high degree of sophistication shown in crime.
- ☐ C. Use of a Weapon.
- ☐ D. Use of excessive force or violence.
- ☐ E. Community opposition.
- ☐ F. Multiple consecutive sentences.
- ☐ G. Others _____

2. There does not appear to be a reasonable probability at this time that the offender would live and remain at liberty without again violating the law based on:

- ☐ A. History of prior criminal involvement.
- ☐ B. Poor field supervision history.
- ☐ C. Abuse of drugs or alcohol.
- ☐ D. Need for institutional substance abuse treatment.
- ☐ E. Refusal or Failure to complete Court ordered institutional program.
- ☐ F. Refusal or Failure to complete Board Stipulated institutional program.
- ☐ G. Dangerous or persistent offender.
- ☐ H. Short interval between offenses.
- ☐ I. Poor institutional adjustment.
- ☐ J. Need for MoSOP Program Completion.
- ☐ K. Lack of good faith effort towards HSE.
- ☐ L. Others _____

3. The scheduling of hearing or file review is beyond guideline dates because:

- ☐ A. Jail or Probation time credit.
- ☐ B. Offender unavailable for hearing.
- ☐ C. Offender requested continuance.

Evidence relied on to revoke parole/conditional release supervision:

- ☐ A. Offender's admission of violation of conditions of supervision.
- ☐ B. Violation/Hearing Officer's report.
- ☐ C. Witness testimony at final revocation hearing.
- ☐ D. Other _____

CONDITIONS VIOLATED:

REPORTS DATE:

NAME OF WITNESSES:

SPECIFICS OF WITNESS TESTIMONY:

In a parole review hearing under this section, the board shall consider, in addition to the factors listed in section 565.033:

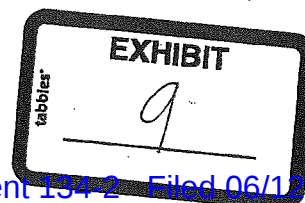
- (1) Efforts made toward rehabilitation since the offense or offenses occurred, including participation in educational, vocational, or other programs during incarceration, when available _____

- (2) The subsequent growth and increased maturity of the person since the offense or offenses occurred _____

- (3) Evidence that the person has accepted accountability for the offense or offenses, except in cases where the person has maintained his or her innocence

- (4) The person's institutional record during incarceration _____

- (5) Whether the person remains the same risk to society as he or she did at the time of the initial sentencing _____



AGO0000028